

## Appeals Form

### 1. Personal Information

Date:	Click or tap here to enter text.	Date of Birth:	Click or tap to enter a date.
Full Name:	Click or tap here to enter text.		
Street Address:	Click or tap here to enter text.		
Suburb:	Click or tap here to enter text.	State:	Click or tap here to enter text.
Postcode:	Click or tap here to enter text.	Country:	Click or tap here to enter text.
Phone Number:	Click or tap here to enter text.	Email Address:	Click or tap here to enter text.
Student No:	Click or tap here to enter text.	Course Enrolled:	Choose an item.

### 2. Appeal

What is the appeal about?

<input type="checkbox"/> Trainer/Assessor Instruction or Decision	<input type="checkbox"/> Assessment Outcome	<input type="checkbox"/> Appeal of Other Decision	<input type="checkbox"/> Refund Application
<input type="checkbox"/> Other, please specify. Click or tap here to enter text.			

Please describe your reasons for lodging an appeal (include details, information, or evidence to support your appeal)

Click or tap here to enter text.

Have you attempted to solve this issue informally? ☐ Yes ☐ No

If yes, can you please provide a summary of this process including actions taken by you or Macedon Ranges Education staff.

Click or tap here to enter text.

What type of outcome or solution are you seeking?

Click or tap here to enter text.

How can Macedon Ranges Education improve our systems to prevent these situations in the future?

Click or tap here to enter text.

Can we contact you to discuss this issue? ☐ Yes ☐ No

### 3. Appellant Declaration:

In signing this form:

- ☐ I certify that the information I provided is true and correct.
- ☐ I understand the training provider has both a Complaints and Appeals Policy which:
  - a. ensures the principles of natural justice and procedural fairness are adopted at every stage of the appeal process.
  - b. are publicly available.
  - c. sets out the procedure for making a requesting an appeal.
  - d. ensures requests for an appeal are acknowledged in writing and finalised as soon as practicable, and
  - e. provides for review by an appropriate party independent of the RTO and the appellant, at the request of the individual making the appeal, if the processes fail to resolve the appeal.
- ☐ Where the RTO considers more than 45 calendar days are required to process and finalise the appeal, the RTO:
  - a. informs the appellant in writing, including reasons why more than 45 calendar days are required, and
  - b. regularly updates the appellant on the progress of the matter.
- ☐ The training provider is required to:
  - a. securely maintains records of all appeals and their outcomes, and
  - b. identifies potential causes of appeals and takes appropriate corrective action to eliminate or mitigate the likelihood of recurrence.

Signature: Click or tap here to enter text.

Date: Click or tap to enter a date.

#### 4. Continuous Improvement Opportunity and Action (*Office Use Only*)

### Education and Training Administrator

I confirm that:

<input type="checkbox"/>	I acknowledge the Appeal received in writing within 7 days of receipt. (Please note where a Form is lodged anonymously this is not possible)	
<input type="checkbox"/>	I have informed the Chief Executive Officer or delegate of the Appeal received on (Insert date) _____	
<input type="checkbox"/>	I entered the Appeal Form into the Appeals Register and a Continuous Improvement Request has been actioned	
Name Printed: Click or tap here to enter text.		Date: Click or tap to enter a date.
Signature:		

## Chief Executive Officer or Delegate

<input type="checkbox"/>	I confirm that I have received the Appeal.	
<input type="checkbox"/>	I confirm that I have reviewed the appeal and contacted the appellant to seek a solution and confirm details of the reason for application on (insert date) _____	
<input type="checkbox"/>	A strategy / solution has been reached in how to resolve this issue, and it is estimated that the issue will be finalised on (insert date) _____.	
<input type="checkbox"/>	I confirm that I have authorised the solution to the appeal.	
<input type="checkbox"/>	I confirm that 45 days <b>are needed / are not needed</b> to finalise this appeal.	
<input type="checkbox"/>	An independent third party <b>is / is not</b> needed to resolve the matter	
<input type="checkbox"/>	I have authorised the Education and Training Administrator to finalise the Appeal, with written confirmation once the matter is resolved.	
<input type="checkbox"/>	I have authorised the Education and Training Administrator to close the Appeal once the matter is resolved.	
Name Printed:		Date:
Signature:		